

TREATING MORAL INJURY

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MORAL INJURY

- **They have seen the darkness within them and within the world, and it weighs heavily upon them.**
- **“I would bet anything, that if we had the wherewithal to do this kind of research we’d find that moral injury underlies veteran homelessness, criminal behavior, suicide.”** Retired Navy Psychiatrist

MORALITY

- A code of values and customs that guide social conduct
- “*Descriptive*” morality is a code of conduct held by a particular society or group that determines right and wrong
- “*Normative*” morality is a universal code of moral actions and prohibitions held by rational people

MORALITY

- **Neurobiology is concerned with “*normative*” morality which strengthens social cohesion and cooperation**
 - **GUILT**
 - **SHAME**
 - **EMBARRASSMENT**
 - **GRATITUDE**
 - **COMPASSION**
 - **FEAR OF NEGATIVE EVALUATION**
 - **FAIRNESS AND EQUITY**
 - **NO-HARM**

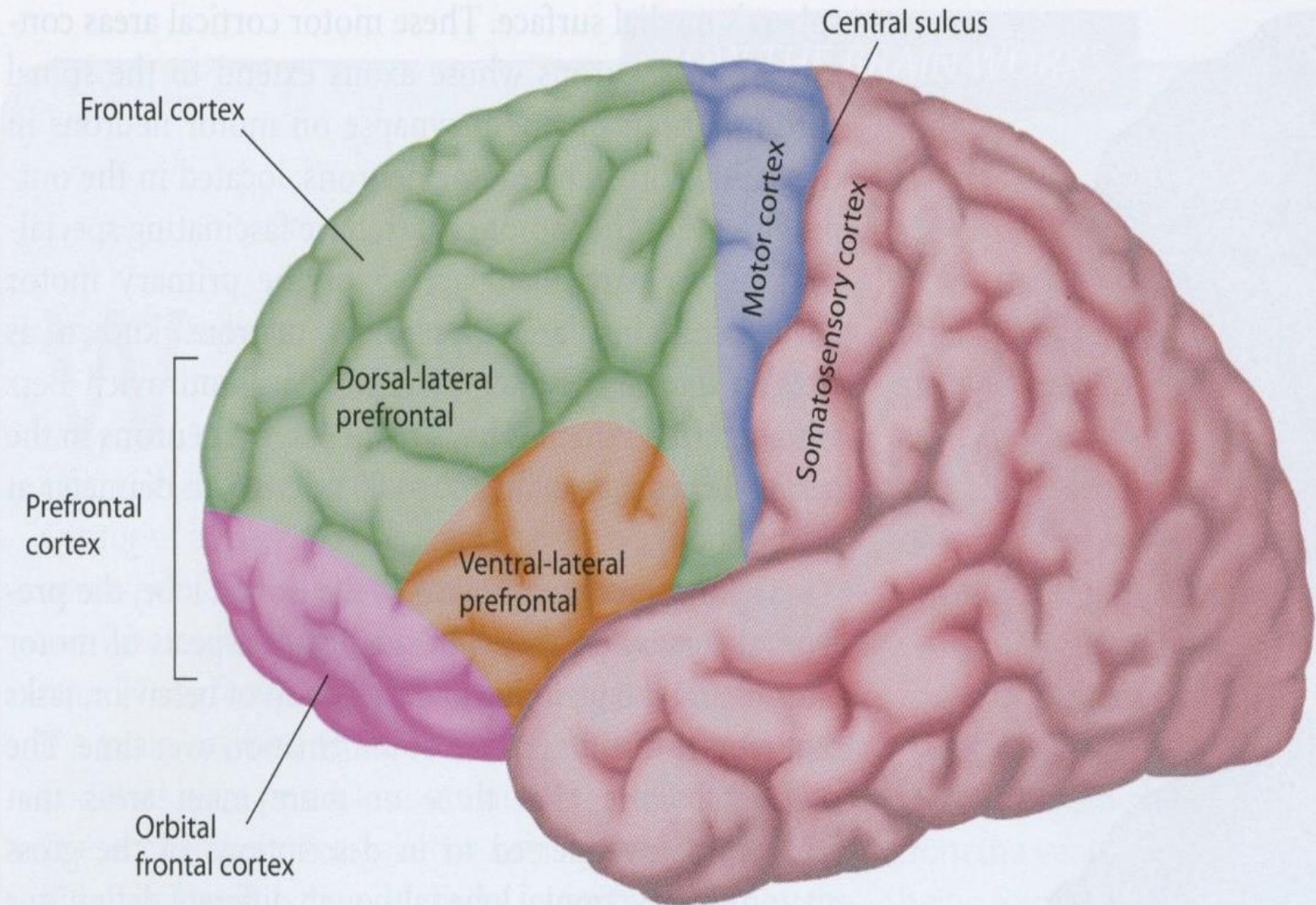
NEUROBIOLOGY OF MORAL BEHAVIOR

- “Neuromoral” network for responding to a moral dilemma
- Centered in the *right ventromedial prefrontal cortex and its connections*
- Neurobiological evidence indicates the existence of automatic “prosocial” mechanisms for identification with others that is a part of the moral brain

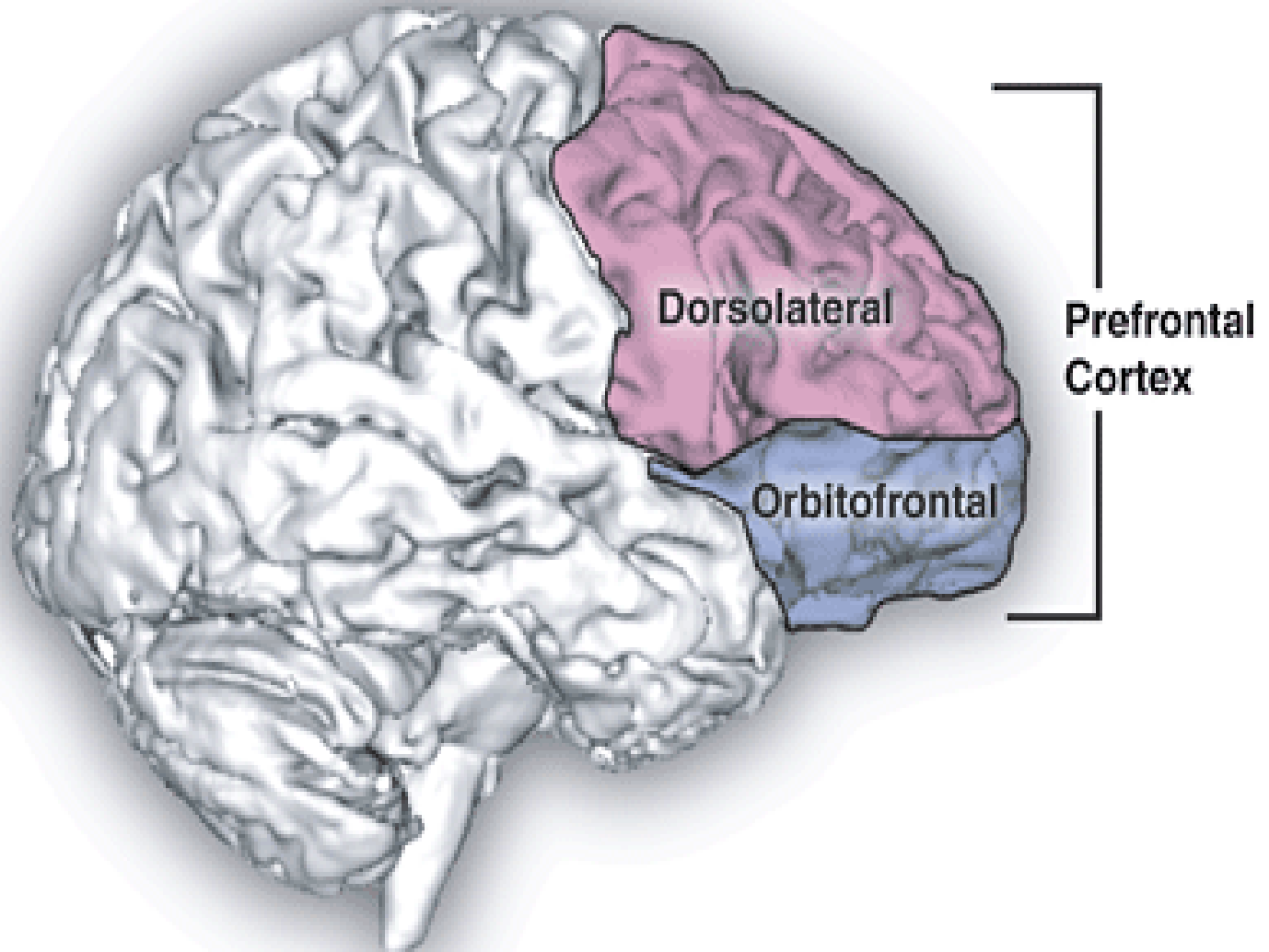
NEUROBIOLOGY OF MORAL BEHAVIOR

- Main neuromoral areas of the brain
 - *Ventromedial Prefrontal Cortex (VMPFC)*
 - *Orbitofrontal Prefrontal Cortex (OFC)*
 - *Ventrolateral Cortex (VL)*
 - *Amygdala*
 - *Dorsolateral Prefrontal Cortex (DLPFC)*

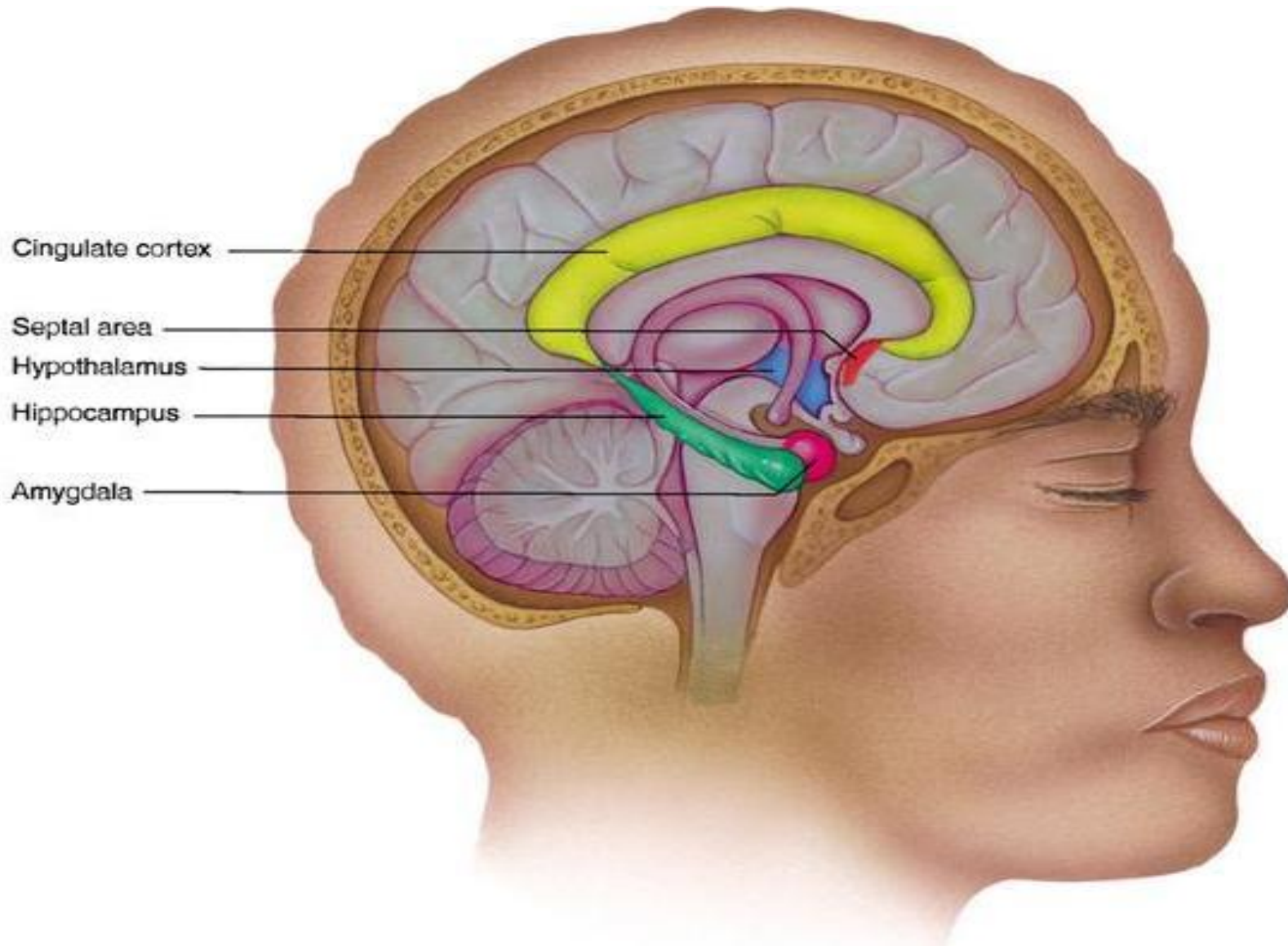
LEFT HEMISPHERE



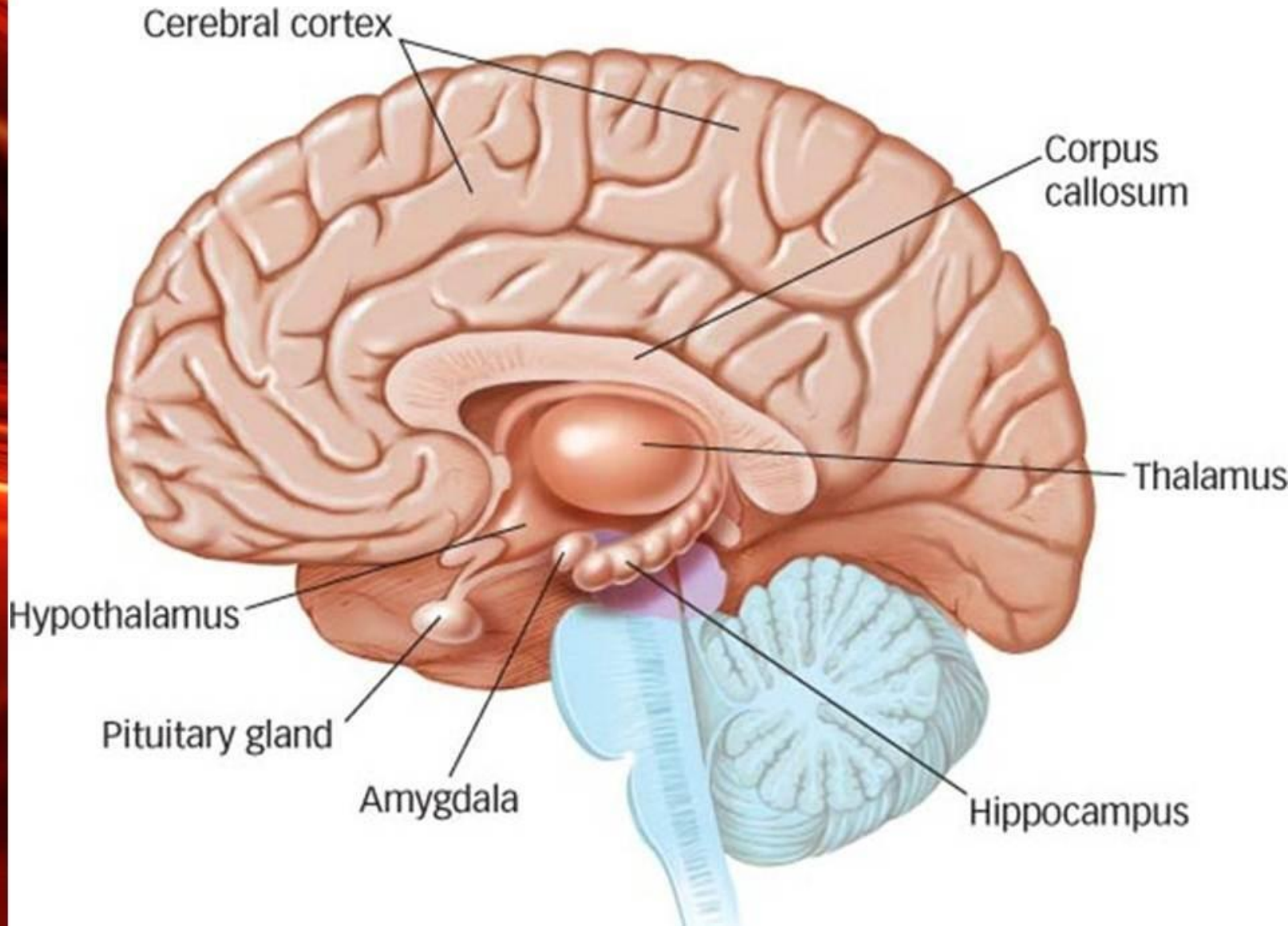
PREFRONTAL CORTEX



MEDIAL LEFT HEMISPHERE



MEDIAL RIGHT HEMISPHERE



NEUROBIOLOGY OF MORAL BEHAVIOR

- **VMPFC**
 - Attaches moral and emotional value to social events; anticipates future outcome and participates in Theory of Mind (TOM), empathy and attribution of intent (participates in prosocial affiliative or social attachment emotions-guilt, compassion)
- **OFC/VL**
 - Mediates socially aversive responses, changes responses based upon feedback; inhibits impulses, automatic or amygdalar responses

NEUROBIOLOGY OF MORAL BEHAVIOR

- **Amygdala (Anteromedial Temporal Lobes)**
 - **Mediates the response to threat and aversive social and moral learning**
- **DLPFC**
 - **Can overrule the neuromoral network through application of reasoned analysis of the moral situation**
- **Other areas found active are the insula, anterior cingulate gyrus and temporoparietal junction**

NEUROBIOLOGY OF MORAL BEHAVIOR

- **VMPFC more activated by “personal” moral dilemmas involving the possibility that direct action could cause another harm; it is automatic**
- **VMPFC involved in inferring the intention of others behavior (TOM)**
- **TOM and empathy are closely related to morality**

NEUROBIOLOGY OF MORAL BEHAVIOR

- **OFC/VL and neighboring anterior insula and amygdala on right side effects altruistic punishment through sentiments linked to social aversion/exclusion such as anger, indignation, disgust and contempt**
- **DLPFC more activated by “impersonal” moral dilemmas suggesting a dispassionate reasoned or cost-benefit assessment for moral judgments**

MORAL INJURY

Moral injury is not officially recognized by the Defense Department. But it is "moral injury", not PTSD, that is increasingly acknowledged as the signature wound of this generation of veterans: a bruise on the soul, akin to grief or sorrow, with lasting impact on the individuals and on their families.

David Wood, *Huffington Post*. March 18, 2014.

MORAL INJURY

PTSD	BOTH	MORAL INJURY
“STARTLE” REFLEX	ANGER	SORROW GRIEF
MEMORY LOSS	DEPRESSION	REGRET
FEAR	ANXIETY	SHAME
FLASHBACKS	INSOMNIA	ALIENATION
	NIGHTMARES	
	SELF- MEDICATE	

MORAL INJURY

- “I can’t go to a bar and start talking about combat experience with somebody – people look at you like you’re crazy,” said a Navy combat corpsman who served in both Iraq and Afghanistan and asked not to be identified by name. He returned burdened with guilt over the lives he couldn’t save. “People say, ‘Thanks for your service.’ Do you know what I did over there? It just seems like you’re being patronized. Don’t do that to me.” Navy Combat Corpsman

MORAL INJURY

- **DSM III “Guilt about surviving while others did not” or “about behaviors required for survival” were symptoms of PTSD**
- **Since then very little attention paid to the lasting impact of moral conflict as psychological trauma**
- **Military culture fosters an intensely moral and ethical code of conduct**
- **Current wars are creating morally questionable and ethically ambiguous situations**

MORAL INJURY

- ***Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs***
- ***Betrayal on either a personal or organizational level can act as a precipitant***

MORAL INJURY

- **EMOTIONS**

- Experience of self-oriented negative moral emotions such as *shame and guilt*

- *GUILT is a painful and motivating cognitive and emotional experience tied to specific acts of transgression of a personal or shared moral code*

- Reduces the likelihood of participating in risky or illegal behavior
- Often results in amends

MORAL INJURY

- **EMOTIONS**

- ***SHAME is a global evaluation of the self along with behavioral tendencies to avoid and withdraw***
 - Results in toxic interpersonal difficulties such as anger and reduced empathy for others
 - More damaging than guilt
 - May be a more integral part of moral injury
- ***SHAME is related to the expectation of negative appraisal by important others***
 - Avoidance is not surprising

MORAL INJURY

- **EMOTIONS**

- ***SHAME*** is visceral

- Involves the *parasympathetic* branch of the *autonomic nervous system*

- Shutdown for repair, digestion, elimination and storage of chemistry necessary for engagement

- » AVOIDANCE

- » WITHDRAWAL

- Mediated by *endorphins*

MORAL INJURY

- If shame is generalized, internalized as a flaw and is enduring, he/she will experience *anxiety about being judged*
- *Will see...*
 - *Reexperiencing,*
 - *Numbing*
 - *Withdrawal (avoidance symptoms)*
- Withdrawal undermines corrective actions

MORAL INJURY

- **Service members may mistakenly take the life of a civilian, see dead bodies or *ill or wounded women and children who they are unable to help***
- ***Exposure to atrocities is related to reexperiencing and avoidance symptoms***

MORAL INJURY AND PTSD

- Exposure to atrocities does not appear to be associated with hyperarousal symptoms
 - Arousal symptoms stem from high sustained fear due to real or perceived threat to life
- Exposure to atrocities was only related to reexperiencing and avoidance
 - Morally injurious experiences are recalled intrusively and a combination of avoidance and emotional numbing may also be present

MORAL INJURY AND PTSD

- *Killing where there is real or perceived threat to one's life regardless of one's role in the act, is a good indicator of chronic PTSD symptoms*
 - Also correlated with alcohol abuse, anger and relationship problems
- **Subjective reactions are important**
 - *How it is reconciled is key*
 - **If cannot accommodate or assimilate the event within existing schemas about self and others, guilt will be experienced, as well as, shame and anxiety about the personal consequences (being ridiculed)**

MORAL INJURY AND PTSD

- **Poor integration leads to lingering psychological distress**
- **Individuals with moral injury may see themselves as *immoral, irredeemable and unreparable and may believe the world is immoral***

MORAL INJURY

. . . Being able to pull the trigger through muscle memory is not the same as being able to reconcile the act afterward.

--Philipps, 2010

MORAL INJURY

...Many veterans were presenting with difficulties that were not sufficiently addressed in the fear and extinction-based frame that underlies exposure.

Steinkamp, et al., 2011

MORAL INJURY

Clinicians and researchers focus most of their attention on the impact of life-threatening trauma, failing to pay sufficient attention to the impact of events with moral and ethical implications.

--Litz, et al., 2009

MORAL INJURY

We argue that repeated raw exposure to a memory of an act of transgression without a strategic therapeutic frame for corrective and countervailing attributions, appraisals, and *without fostering corrective and forgiveness-promoting experiences outside therapy would be counterproductive at best and potentially harmful.*

--Litz, et al. 2009

MORAL INJURY

Be too careful and you could die...Be too aggressive and you might not be able to live with yourself.

Mistake the foe for a friend, and perhaps die...*Mistake a friend for a foe and die inwardly.*

--Philipps, 2010



MORAL INJURY

Therapist Concerns

... Creating a strong relationship between veteran and caregiver to gradually let the veteran explore, accept, and forgive those involved in the trauma, including themselves, then forge new trust-building relationships.

--Philipps, 2010



MORAL INJURY

Therapist Concerns

Develop a knowledge of the exact nature, conditions, issues, environment, locations of the veteran's theatre of operation.

I have found vets' autobiographies about their war experiences the most useful of all readings when it comes to treating war trauma.

MORAL INJURY

Manifestations of Moral Injury

- **Self-harm**
- **Poor self-care**
- **Substance abuse**
- **Recklessness**
- **Self-defeating behaviors**
- **Hopelessness**

MORAL INJURY

Manifestations of Moral Injury

- **Self-loathing**
- **Decreased empathy**
- **Preoccupation with internal distress**
- **Remorse**
- **Self-condemning thoughts**
--Litz, et al., 2009; Tangney, et al., 2007; Fisher & Exline, 2006

MORAL INJURY

- **Extinction learning is hard-wired**
 - High fear and conditioning resulting from life-threatening events can be healed if the patient sustains sufficient unreinforced exposure to conditioned cues
- **Hard-wired to recover from loss**
 - If prevail ourselves of opportunities to reattach and reengage positively, grief will heal naturally
- **Not hard-wired to recovery from moral injury**
 - *Difficult to correct core beliefs about a personal defect or a destructive interpersonal or societal response especially when it leads to withdrawal*

MORAL INJURY

- *Goal of Treatment of Moral Injury*
 - REDUCE GUILT AND SHAME TO MILD REMORSE
 - MODIFY AMPLIFYING COGNITIONS
 - RETURN TO SEEING THE GOODNESS OF THE WORLD AND SELF THAT EXISTED PRIOR TO EXPERIENCE



MORAL INJURY

Treatment Model

- **CONNECTION**
- **PREPARATION AND EDUCATION**
- **MODIFIED EXPOSURE COMPONENT**
- **EXAMINATION AND INTEGRATION**
- **DIALOGUE WITH MORAL AUTHORITY**
- **REPARATION AND FORGIVENESS**
- **FOSTERING RECONNECTION**
- **PLAN FOR THE LONG HAUL**

MORAL INJURY

Treatment Model

- **CONNECTION**
 - ***Unconditional acceptance is mandatory.*** This may well be the first time the veteran has shared this information.
 - They may expect to be received with scorn, disgust or disdain (this is at the core of moral injury)
 - ***Must model implicitly and explicitly the idea of acceptance***
 - Any discordant expression by the therapist will be experienced as condemnation
 - Detachment is not therapeutic

MORAL INJURY

Treatment Model

- **PREPARATION AND EDUCATION**
 - *Patient needs a model of the plan and needs to accept their role in the implementation and success of the plan*
 - Patient needs to know approaching the psychologically painful material will bring healing and relief and not make matters worse
 - *Patient needs to understand that concealment is understandable but maladaptive*
 - Patient needs to understand this is a collaborative experience

MORAL INJURY

Treatment Model

- **MODIFIED EXPOSURE COMPONENT**
(Briefer and not necessary if patient can articulate thoughts, appraisals and meanings regarding the event)
 - *This is done in real-time* (i.e. the current consideration of an upsetting experience)
 - Patient may close eyes although it is not necessary
 - This reduces the eye-to-eye contact with therapist
 - Can also alter the chair arrangement
 - *The goal of the exposure is to foster sustained engagement in the raw aspects of the experience and its aftermath*
 - *Extinction of strong affect from repeated exposure is not the primary change agent*

MORAL INJURY

Treatment Model

- **MODIFIED EXPOSURE COMPONENT**
 - Will be unable to reconsider harmful beliefs stemming from deployment unless they “stay with the event” *long enough for their beliefs to become articulated and explicitly discussed*
 - This step is done in tandem with the next two steps (EXAMINATION AND INTEGRATION and DIALOGUE WITH A BENEFICIAL MORAL AUTHORITY) where examination of meaning and corrective discourse can take place

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - *An important step in self-forgiveness, reclaiming a moral core and a sense of personal worth comes from examining the maladaptive beliefs about self and world*
 - *Therapist asks what the event means for service members in terms of how they view themselves and their future*
 - Therapist asks about what caused the transgression and explores themes
 - Maladaptive interpretations such as “this will forever define me”, severe self-condemnation “I am bad” or “I am worthless”, “I don’t deserve to live” are explored

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - Want patient to not deny but also not to overly accommodate
 - *The goal is a change of worldview so as not to give up what was just and good about the world and the self prior to the event*
 - Allow patient to understand that the state of their mind and conditions of combat created a brain that is not the brain that is here right now
 - Even if the act was bad it is possible to move on and have a good life

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - It is important for the patient to express remorse and to reach their own conclusions about the event with clinical guidance
 - *Don't try to relieve guilt as patient needs to feel remorseful as part of recovery*
 - *Therapists shouldn't assume they have enough knowledge or credibility to offer moral judgments about another's experience*

MORAL INJURY

Treatment Model

- **DIALOGUE WITH MORAL AUTHORITY**
 - *In person or empty chair dialogue with a trusted, benevolent moral figure*
 - This could be a chaplain, a buddy who has had their back, etc. (someone who does not want them to suffer)
 - *Have patient verbalize what they did or saw and how this has affected them and what they believe should happen to them*
 - *Also enhance the intensity by having them share remorse and sorrow and what they would like to do to make amends if they could*

MORAL INJURY

Treatment Model

- **DIALOGUE WITH MORAL AUTHORITY**
 - Using empty chair the therapist asks the patient to verbalize what they believe the moral authority would say to them
 - *Want content that is forgiveness oriented (if veteran doesn't bring this up the therapist should interject)*
 - At the end therapist elicits feedback
 - “What was that like for you?”
 - “What are you going to take from this?”
 - “How has this changed the *way you view* and feel about the event
 - Similar to 4th and 5th Step work in AA

MORAL INJURY

Treatment Model

- **REPARATION AND FORGIVENESS**
 - *Making amends as a vehicle of self-forgiveness and repair*
 - **To amend means to change-in this case to change one's approach to how they live their life**
 - **This could involve doing good deeds**
 - **Be careful that the idea of making amends is not taken to extremes or that the amend might injure the other**
 - **Similar to 8th and 9th Step in AA**

MORAL INJURY

Treatment Model

- **FOSTERING RECONNECTION**
 - *If the veteran is not able to generalize the therapy experiences and reconnect with loved ones gains will be short-lived*
 - Prepare patient for any self-disclosure with loved ones
 - Foster a dialogue about spirituality if it is consistent with patient's beliefs
- **PLAN FOR THE LONG HAUL**
 - Values and goals moving forward

MORAL INJURY

Treatment Model

Psychotherapy and pharmacotherapy do not work with spiritual issues

Spiritual healing occurs outside of time when conditions are right

Spiritual healing occurs as a result of worldview changes



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